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MARYBETH E. DINGLEDDY
MILLIE M. JUDGE

SNOHOMISH COUNTY COURTHOUSE
M/S #502
3000 Rockefeller Avenue
Everett, WA 98201-4060
(425) 388-3421

PRESIDING JUDGE
MICHAEL T. DOWNES

COURT COMMISSIONERS
ARDEN J. BEDLE
LESTER H. STEWART
JACALYN D. BRUDVIK
TRACY G. WAGGONER
SUSAN C. GAER

COURT ADMINISTRATOR
SUPERIOR AND JUVENILE COURT
BOB TERWILLIGER

RE: **GAL TITLES 4, 26, 11 AND MINOR SETTLEMENT REGISTRY
APPLICATION**

(Note: A separate application packet must be submitted for each registry)

Dear Applicant:

For each registry you wish to apply, the following forms must be submitted:

1. Confidential Application Form and Authorization for Release of Information (attached)
2. Application Form (attached); and you may also attach your resume/CV.
3. Oath of Guardian ad Litem (attached)
4. Sworn statement regarding any complaints/claims/grievances (or lack thereof) filed against you and their disposition.
5. W9 (if you are new to our Registry; available on the website)

Additionally, please make sure to download and read the following:

6. Copy of Snohomish County Guardian ad Litem Registry Code of Conduct
7. Copy of Snohomish County Guardian ad Litem Administrative Policies
8. Washington State GALRs and Snohomish County LCGALRs.

Please mail the completed application/s **with all attachments** to:

Kathy Haggerty
Programs Administrator
Snohomish County Superior Court
3000 Rockefeller Avenue, M/S 502
Everett, Washington 98201

Thank you for your interest in serving as a Guardian Ad Litem for Snohomish County Superior Court.

Enclosures

CONFIDENTIAL APPLICATION AND RELEASE

Application for **Title 11, 26, Minor Settlement** and **Title 4** Guardian ad Litem

The information provided by you on this page will be kept in a separate file due to confidentiality. For criminal history check purposes, please provide:

Full Name: _____ Date of Birth: _____
(including middle name)

Maiden Name: _____ All Aliases: _____

Driver's License #: _____ Email Address: _____
(***mandatory**)

Address: _____ Telephone #: _____

Zipcode Fax #: _____

RELEASE

(To be enclosed with your application)

TO:

<input checked="" type="checkbox"/> Washington State Patrol	_____ Washington State Bar Association
_____ Washington State Medical Assoc.	_____ Washington State Nursing Commission
_____ Washington Board of Psychology	_____ Washington State Dept. of Licensing

I, _____, (Professional License No.: _____),
hereby authorize you for the purpose of my application and/or work as a
Snohomish County Guardian ad Litem, to release information to and discuss
such information with:

Guardian ad Litem Coordinator
Snohomish County Superior Court
3000 Rockefeller Avenue, M/S 502
Everett, WA 98201

This RELEASE includes, but is not limited to, all records and information
concerning any official disciplinary action or any pending active investigation you
have with regard to me.

Signature/Date

SNOHOMISH COUNTY SUPERIOR COURT: GAL APPLICATION

Application for: (please check)

_____ Title 26 _____ Title 11 _____ Title 4 _____ Minor Settlement

The following information provided by you will be made available to the public for review:

Name: _____

Business Name or Firm: _____

Business Address: _____

City and State: _____ Zip Code: _____

Business Phone: _____ Fax: _____

Alternate Phone: _____ (*This will not be kept confidential.*)

WSBA or Washington State Certificate #: _____

1. I hereby apply to serve as a Guardian ad Litem.
2. I swear that I have never been convicted of a felony.
3. I swear that I have never been convicted of a crime involving moral turpitude.
4. My formal education is as follows: _____

5. I attended the following GAL training(s):
Superior Court: _____ Date: _____

_____ Date: _____

~ OR ~

_____ I was not able to attend the training for good cause (specify):

6. A summary of my: Family Law/Estate/Personal Injury experience (whichever applies to this application) and appointments as GAL is as follows: (Include years of experience, number of appointments, and court(s) of appointment, use resume/CV or attachments for additional space)

7. The following is a statement of my criminal history, if any, as defined by RCW 9.94A.030:

8. The following is a statement of the extent of liability coverage in force covering any errors, omissions and acts of professional negligence (provide name of company and policy limits):

9. I agree to advise the Court immediately in the event of any complaint, investigation or action being commenced, which could lead to professional discipline, or the suspension or revocation of my professional license, or to the filing of criminal charges for felony or crime involving allegations of theft, dishonesty or moral turpitude. **Please initial:** _____

10. I certify that I have read and agree to be bound by the Court's policies in cases in which compensation is sought at public expense. Currently, the rate for County cases is set at: \$50/hour up to 12 hours max., including

costs. I also certify that I have read and agree to be bound by the Code of Conduct of the Snohomish County Guardian ad Litem Registry.

Initial: _____

11. My private pay fees are as follows: \$_____ Retainer; and \$_____ per hour. Other: (if applicable) _____

_____.

12. Please include the following with this application (**check the items to acknowledge inclusion of these within the packet**):

_____ Copy of the certificate from the training provider evidencing successful completion of the current training required for the area of Guardian ad Litem practice;

_____ Curriculum vitae, showing work and professional or personal experience in or related to the GAL Registry to which I am applying, that would assist in the performance and completion of Guardian ad Litem duties;

_____ Signed release of information directed to all professional regulatory bodies, which have licensed or supervised the applicant within the last ten (10) years;

_____ Description of the nature, status and outcome of any professional complaints, investigations or disciplinary actions, lawsuits or professional liability claims and any order for removal of the Guardian ad Litem prior to completion of the Guardian ad Litem's duties; or sworn statement that no complaints, etc have been filed against you.

_____ Description of any claims, or litigation that has been commenced, involving allegations of improper fee charges, charges of fraud, theft or other forms of dishonesty or professional malpractice or misconduct; or sworn statement that no claims, etc have been filed against you.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this _____ day of _____, 20____,

at _____.

(City where signed)

Signature of Applicant

OATH OF GUARDIAN AD LITEM

I am on the Guardian ad Litem Registry for Snohomish County. Whenever appointed to act as Guardian ad Litem, I will perform all duties required of me by law. Further, I agree to be bound and will abide by the Code of Conduct of the Snohomish County Guardian ad Litem Registries.

I declare, under penalty of perjury of the laws of the State of Washington, that the foregoing is true and correct.

Signature/Date

Printed Name

Business Address

City and State

Zip Code

Business Telephone Number